

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

RESPIRATORY CARE PRACTITIONER

FEES:

Current NBRC members Fee: \$ 5.00

Non-current NBRC members Fee: \$ 20.00

Make check payable to "The National Board for Respiratory Care"

APPLICANT: PLEASE COMPLETE THIS FORM AND ATTACH APPROPRIATE FEE. FORWARD TO THE NATIONAL BOARD FOR RESPIRATORY CARE INC AT THIS ADDRESS:

The National Board for Respiratory Care, Inc.
8310 Nieman Road
Lenexa, Kansas 66214
(913) 599-4200

The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

NAME

SOCIAL SECURITY NUMBER*

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

MONTH/YEAR OF EXAMINATION

APPLICANT'S SIGNATURE

(DATE)

ATTENTION: NATIONAL BOARD FOR RESPIRATORY CARE, INC.

Please mail verification of certification to the Wisconsin Medical Examining Board at the following address:

Department of Regulation & Licensing
Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

***For use by NBRC in locating your records.**